

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED

(1) RONALD C. RICKEY (2) 03 OCT 17 AM 8:51
Candidate, Committee or Party Name
(3) 3927 GARDEN AVENUE M.B. Fla. 33140
Address (number and street) City State Zip Code

☐ Check box if address has changed since last report

(4) Check appropriate box(es):

☐ Candidate (office sought):

MAYOR

☐ Political Committee

☐ Check if PC has DISBANDED

☐ Committee of Continuous Existence

☐ Check if CCE has DISBANDED

☐ Party Executive Committee

(5) REPORT IDENTIFIERS

Cover Period: From 9/26/03 To 10/17/03 Report Type F2

☐ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ NONE

Loans \$ _____

Total Monetary \$ _____

In-kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ NONE

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions to Date

\$ 1,470

(10) TOTAL Monetary Expenditures to Date

\$ 1,360

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct and complete

RONALD C. RICKEY

Name of ☐ Treasurer ☐ Deputy Treasurer

☒ Ronald C. Rickey
Signature

I certify that I have examined this report and it is true, correct and complete

RONALD C. RICKEY

Name of ☒ Candidate ☐ Chairman (PC/PTY Only)

☒ Ronald C. Rickey
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name RONALD C. RICKEY (2) I.D. Number _____
 (3) Cover Period 9/26/03 through 10/17/03 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
			Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
11		<u>NO</u> <u>CONTRIBUTIONS</u>						
11								
11								
11								
11								
11								
11								

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name RONALD C. RICKEY (2) I.D. Number _____
 (3) Cover Period 9/26/03 through 10/17/03 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
1/1	NO EXPENDITURES				
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					